

**2004-2005 CPHP Exemplar Group Charter**  
***Community-based Clinician Preparedness Education***

**PURPOSE**

The purpose of the Centers for Public Health Preparedness (CPHP) Community-based Clinician Preparedness Education Exemplar Group is to produce a toolkit, which describes existing CPHP network materials related to community-based clinician preparedness education. The toolkit, a value-added descriptive paper, will be a national resource helping national, state, and local partners successfully navigate CPHP network products and courses to determine which option best meets their needs.

This document will identify the existing CPHP community-based clinician preparedness resources and activities that have shown effective learning (evaluations, short-term or long-term skill attainment, pre-/post testing). The toolkit will also contain key criteria that have been developed by the exemplar group to evaluate a resource's clinical relevance. The toolkit will identify any gaps or inconsistencies as well as synergies in the resources assessed by the exemplar group.

In addition to showing effective learning, the resources to be assessed for clinical relevance must:

target hospital and non-hospital primary care practitioners (including emergency medicine and primary care practitioners), mid-level practitioners, and hospital and non-hospital-based EMT and paramedics.

b. have been developed with or are now currently funded by CPHP resources

**MEMBERSHIP**

***General Membership***

The membership of the community-based clinician preparedness education exemplar group is comprised of subject matter experts and other designated representatives the CPHP network, CDC and ASPH. These members are responsible for disseminating information from workgroup session to others within their Centers and include:

Daniel Barnett, Johns Hopkins University

Paul Biddinger, Harvard University

David Blodgett, Johns Hopkins University

Jon Burstein, Harvard University

Cham Dallas, Medical College of Georgia

Molly Eggleston, University of Pittsburgh

Betsy Gettig, University of Pittsburgh

Lynn Goldman, Johns Hopkins University

Edward Jasper, Thomas Jefferson University

Rosemarie McIntyre, Centers for Disease Control and Prevention

Beth Rada, ASPH Program Coordinator

Steve Rottman, University of California Los Angeles

Richard Schwartz, Medical College of Georgia  
Lynn Steele, Centers for Disease Control and Prevention  
Tom Terndrup, University of Alabama at Birmingham

### ***Leadership***

As designated by the membership of the exemplar group, the following members will serve as the primary points of contact and leadership for the exemplar group.

Cham Dallas, Medical College of Georgia  
Tom Terndrup, University of Alabama at Birmingham  
Edward Jasper, Thomas Jefferson University

The exemplar group leadership members will be responsible for finalizing the group's charter, drafting a work plan for assessing the resources that will be included in the toolkit, and other core activities necessary to keep the group on task and deadline. The leadership will act as the primary point of contact for the CDC Expert Liaison and ASPH Coordinator.

## **STANDARD OPERATING PROCEDURES**

### ***Communications***

Meetings will be held monthly, Wednesdays 12:45 PM EST (leadership) and 1:00 PM EST (group). The ASPH coordinator will be responsible for distributing conference call information.

The group members will meet in-person June 6, 2005 in Washington, DC.

The exemplar group leadership may meet more frequently via conference call based on project needs. ASPH will be responsible for supporting the calls.

ASPH will support Intranet and Workgroup functions to facilitate the sharing of written communication between group members. Group members will be responsible for posting materials to the exemplar group site.

### ***Agenda***

Exemplar group meetings will be executed according to a pre-established agenda set by the exemplar group leadership and ASPH program coordinator.

### ***Voting***

The exemplar group will work toward developing a consensus on the workplan and the contents of the toolkit. Where consensus cannot be achieved the group will vote to resolve any differences of opinions. The ASPH program coordinator will facilitate voting.

## **KEY ACTIVITIES**

### ***Assessing Network Resources***

Identify all CPHP-network materials related to community-based clinician preparedness that have shown effective learning. Identify materials currently catalogued in the ASPH resource directory, CDC program activities list, TRAIN, and query institutions to identify materials not currently inventoried.

Develop key criteria for assessing clinical relevance.

Assess identified CPHP network resources for clinical relevance via a two-person peer review process.

### ***Proposal for Toolkit***

This document will identify the existing CPHP community-based clinician preparedness resources and training/learning activities that have shown effective learning (evaluations, short-term or long-term skill attainment, pre-/post testing).

The toolkit will also contain key criteria that have been developed by the exemplar group to evaluate a resource's clinical relevance.

The toolkit will identify any gaps or inconsistencies as well as synergies in the resources assessed by the exemplar group.

Where gaps or inconsistencies in knowledge or educational materials are identified, include how they may be addressed in the toolkit summary, and how this may lead to subsequent group activity.

Develop a strategy to conduct additional assessments if needed.

Develop a framework by which training materials developed outside CPHP can be evaluated using the CPHP tool kit.

### ***Timeline***

The proposed timeline for completing the key activities and developing the proposed toolkit is as follows:

Finalize Charter	March 23, 2005
Identify resources	April 13
Group Leaders will email a resource request to institutions outside of the exemplar group's members	April 13
Collect course materials	May 4
Develop key criteria for clinical relevance assessment	May 4
Disseminate resources for two-person peer review	May 13
In-person Meeting	June 6
1 <sup>st</sup> Draft of Toolkit	June 30
Final Toolkit	August 1